

HS-19.03, "Inmate Suicide Prevention and Intervention," March 1, 2010

SCDC POLICY/PROCEDURE

Change 1 to HS-19.03: 1.1; 1.1.1; 1.2; 2.1; 7.1; 7.3

Change 2 to HS-19.03: 1.1; 1.1.1; 1.2; 2.1; 7.1; 7.3

NUMBER: HS-19.03

TITLE: INMATE SUICIDE PREVENTION AND INTERVENTION

ISSUE DATE: MARCH 1, 2010

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-19.03 (January 1, 2008); (December 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 19-29, M-14, M-23,

ACA/CAC STANDARDS:4-ACRS-4C-16, 3-4364

STATE/FEDERAL STATUTES:

PURPOSE: To establish guidelines for identifying and recognizing potentially suicidal inmates and for preventing the likelihood of inmate suicide in the South Carolina Department of Corrections.

POLICY STATEMENT: The South Carolina Department of Corrections is committed to maintaining the health and well-being of all inmates housed in the Agency. To identify and assist those inmates who may require mental health services, the SCDC will provide training for employees in the identification, recognition, and supervision of suicide-prone inmates. The suicide prevention and intervention program will be reviewed and approved by a qualified mental health professional. SCDC employees will be required to immediately notify appropriate Agency officials when any inmate is exhibiting suicidal behavior/gestures. The Agency will ensure that these inmates are examined and treated as appropriate in accordance with all applicable SCDC policies/procedures, state and federal statutes, and American Correctional Association Standards. (4-ACRS-4C-16, 3-4364, 4-4373)

## TABLE OF CONTENTS

1. SUICIDE PREVENTION COMMITTEE
2. STAFF TRAINING
3. INTAKE SCREENING/ASSESSMENT
4. SUICIDE RISK/BEHAVIOR INDICATORS
5. PREVENTION TECHNIQUES
6. SUICIDE ATTEMPT INTERVENTION
7. ADMINISTRATIVE REVIEW
8. DEFINITIONS

SPECIFIC PROCEDURES:

## 1. SUICIDE PREVENTION COMMITTEE:

**1.1 The Agency Suicide Prevention Committee will be responsible for ~~defining the Agency Suicide Training Plan, evaluating risk management issues, approving equipment necessary for the Suicide Prevention Program, assisting with conducting an administrative review after following a suicide, and evaluating overall communication among all Agency disciplines in regard to suicide awareness, prevention, and intervention.~~ The Suicide Prevention Committee will meet on an annual basis and will include an annual review of this policy** be a resource for assisting with evaluating risk management issues, providing legal advise to Agency personnel on potential liability issues, and evaluating overall communication among all Agency disciplines in regard to suicide awareness, prevention and intervention. The Committee will may be comprised of:

(Change 1 Memorandum dated February 1, 2011, the revisions to sections 1.1; 1.1.1; 1.2; 2.1; 7.1 and 7.3 are noted in black/bold/italics and the strikethroughs are in black. Change 2 Memorandum dated February 4, 2013, the revisions to sections 1.1; 1.1.1; 1.2; 2.1; 7.1 and 7.3 are noted in red/bold/italics and strikethroughs in red.)

• 1.1.1 The Chairperson: ~~(Director of Mental Health Services)~~ General Counsel/Designated Deputy General Counsel;

~~1.1.2 Other members selected by the Director of Mental Health Services, to include:~~

- ~~Warden (1 representative);~~ Warden of institution where suicide occurred;
- ~~Designee~~ A Representative from the Division of Operations;
- An attorney from the Office of General Counsel;
- ~~Mental Health Professionals (2 representatives);~~ Director of Regional Institutional Mental Health Services or Designee;
- Director of Psychiatry ~~or Designee~~; and Central Services or Designee;
- ~~Physician/Nurse Practitioner or Physician's Assistant (1 representative);~~
- ~~Nursing staff (1 representative);~~
- ~~Program Services staff (1 representative);~~
- ~~Training Division (1 representative).~~
- Medical Director;
- Deputy Director of Health Services or Designee
- 

NOTE: The Chairperson may add additional personnel or excuse any members listed above.

(4-ACRS-4C-16, 4-4373)

1.2 As outlined in Procedure 7., below, the Chairperson of the Agency Suicide Prevention Committee will schedule a meeting with members of the Agency Suicide Prevention committee to meet within ~~fifteen (15)~~ thirty (30) working days after a suicide occurs, to conduct an administrative review. This time period may be extended for additional thirty-day periods at the discretion of the Committee Chairperson. ~~The Warden of the Institution where the suicide occurred, the Institutional Environmental Health and Safety Officer~~

~~the Institution where the suicide occurred, the Institutional Environmental Health and Safety Officer (EHSO), a representative from the Institutional Mental Health staff and anyone else the Warden deems appropriate will~~The Chairperson of the Committee will invite appropriate SCDC staff to attend the Committee meeting as deemed necessary. Appropriate SCDC staff may be invited to attend the meeting, at the discretion of the Committee Chairperson.

## 2. STAFF TRAINING:

~~2.1. Suicide prevention and intervention plans will be developed and approved by the Director of Mental Health Services~~The Chairperson of the Suicide Prevention Committee, or his/her designee~~and the Director of Training, or their qualified designees~~will assist with the development and approval of prevention and intervention plans in accordance with SCDC Policy/Procedure ADM-17.03, "Administration of Agency Training Programs."(4-ACRS-4C-16, 4-4373)

2.2 All staff with the responsibility for inmate supervision will receive training in suicide prevention and intervention. New employees will receive the training during institutional orientation and/or during the Correctional Officer Certification Course. (4-ACRS-4C-16, 4-4373)

2.3 All staff with direct inmate contact/supervision are required to attend annual training in suicide intervention and prevention as well as the supervision of suicide-prone inmates. Training will be conducted by an instructor assigned to the Division of Training or a Mental Health Professional.

2.4 SCDC certified staff and professional medical staff members will be required to maintain CPR certification. All other employees with direct inmate contact/supervision are strongly encouraged to attend this training once every two (2) years.

2.5 First aid training will be mandatory for certified staff once every two (2) years. All other employees with direct inmate contact/supervision are strongly encouraged to attend this training once every three (3) years.

## 3. INTAKE SCREENING/ASSESSMENT:

3.1 All newly admitted inmates and all inmate transfers will be screened by Health Services staff or a trained designee within 24 hours of admittance into the respective institution or Reception and Evaluation Center. This type of screening will be used to identify potentially suicidal inmates and will be documented on SCDC Supply M-14, "Medical Screen."

3.2 Inmates who are identified as potentially suicidal will be immediately referred to a Mental Health Professional (either assigned to the institution or on call) as per Procedure 5.1, below. Employees from each institution and the Reception and Evaluation Centers will be selected and trained by the Health Care Authority or designee to screen incoming inmates using SCDC Supply M-14, "Medical Screen." In institutions where only medical staff conduct medical screens, other staff will not need to be trained.

## 4. SUICIDE RISK/BEHAVIOR INDICATORS:

4.1 Suicide Risk: An inmate is at a greater risk of suicide if s/he has:

- Had prior attempts;
  - A family history of suicide;
  - A plan of action;
  - Available resources;
  - Been isolated;
  - Psychosis;
  - Somatic (physical) complaints of a vague nature which do not respond to treatment;
  - Been subjected to stress from increased pressures such as: difficulty coping with legal problems; loss of a loved one through death or divorce; loss of valued employment; anniversary of incarceration date or offense; serious illness or diagnosis of terminal illness; threats or perceived threats from peers; sexual victimization; unexpected punishment (e.g., additional sentence, misconduct, parole denial); cell restriction; and/or recent transfer from another institution which was closer to home, had greater privileges, or was a lower security level, including transfer from a county or municipal facility.
- (NOTE: An inmate who has one [1] or more of the indicators above is at a greater risk of suicide and staff members should watch him/her closely.)

#### 4.2 Suicidal Behavior/Signs: Suicidal behavior/signs include, but are not limited to, the following:

- Suicidal Ideation - thoughts of ending one's own life (may vary in severity from thoughts of wishing they were dead, thinking that others would be better off without them) to specific thoughts of killing themselves.
- Suicide Attempt/Gesture - any behavior intended to result in the individual's death.
- Verbal Threat or Statement - verbal intent to harm or kill self which may be direct and specific (threat) or contemplative (statement).
- Inability to Contract for Safety - the individual is unwilling or unable to verbally state, promise, or contract that s/he can and will refrain from attempting self-harm or suicide.
- Any other behavior exhibited and/or comments made by an inmate that are expressed in a manner which produces suspicion of a possible suicide risk. Examples include, but are not limited to, the following: change in sleeping/eating pattern; social withdrawal; apathy; despondency; severe feelings of hopelessness and helplessness; general attitude of physical and emotional exhaustion; agitation through such symptoms as tension, guilt, shame, poor impulse control, or feelings of rage, anger, hostility, or revenge; giving away personal property; removal of all visitors from visiting list; delusions; auditory and visual hallucination, particularly command hallucinations (those hallucinations in which the inmate is commanded by the voices s/he hears to commit some act such as to kill him/herself or someone else); sudden elevated mood; and change in appearance/personal hygiene.

### 5. PREVENTION TECHNIQUES:

5.1 Inmates Exhibiting Suicidal Behavior/Signs: If an employee encounters an inmate who is exhibiting any of the behavior/signs listed in Procedure 4.2, above, s/he will ensure that the inmate is physically safe, i.e., verify that another employee can watch the inmate while s/he contacts medical. The employee then must immediately contact (by telephone) medical staff (either assigned to the institution or on call). The

employee will then be responsible for documenting this information on SCDC Form 19-29A, "Incident Report." A copy of the completed form will be sent to the appropriate Health Care Authority and a copy will be sent to the Warden and placed in the inmate's institutional record. (NOTE: This policy/procedure will also be followed if an inmate or non-SCDC employee informs the staff member that an inmate is exhibiting suicidal behavior/signs.

## 5.2 Medical/Mental Health Staff Evaluation Procedures:

If it is determined that an inmate is a danger to himself and/or others, the inmate will be placed on Crisis Intervention (CI) until the inmate can be evaluated by medical or mental health professionals to determine the appropriate level of care needed, pursuant to SCDC Policy/Procedure HS-19.01, "Placement of Inmates on Crisis Intervention Status."

5.3 Suicide Precaution Protocol: If an inmate is exhibiting suicidal behavior/signs, the physician, nursing staff, or mental health staff will order that s/he be placed in a designated Crisis Intervention cell with only a suicide blanket, a suicide smock, or no suicide blanket or suicide smock. (See SCDC Policy/Procedure HS-19.01, "Placement of Inmates on Crisis Intervention Status").

5.4 Supervision: Inmates on Crisis Intervention must be observed at a minimum of 15 minute observations as per SCDC Policy/Procedure HS-19.01, "Placement of Inmates on Crisis Intervention Status," Section 5.

## 6. SUICIDE ATTEMPT INTERVENTION:

6.1 Equipment: Each SMU, MSU, Safekeeper, and Death Row housing unit will have the following equipment immediately available to the Officers on duty to be used in responding to a suicide or suicide attempt: (NOTE: This equipment will be kept in a locked area accessible to the Officers. It should be labeled "For Suicide Emergency Only.")

- An airway protection device;
- Medical exam gloves;
- Compression bandage (for excessive bleeding);
- Cut down knife
- Large shears; and
- Pocket mask

6.2 Response If There Are Signs Of Life, Or If The Responder Believes Resuscitation May Be Possible: S/he must call for help and then initiate appropriate first aid/CPR. If medical staff is on duty, they should be contacted immediately and if, possible the inmate will be transported to the medical area. If the inmate can not be moved, medical will report to that area. If no medical staff is on duty, and the inmate has life-threatening injuries, persons responding should call EMS (911 or the local emergency phone number) and then the medical staff at the covering institution. If no medical staff is on duty and the inmate's injuries are not life threatening, persons responding to the situation will call the medical staff at the covering institution for further instructions.

6.3 Response If There Are No Signs of Life: The body will not be moved from the scene. (NOTE: It is a violation of state law for the body to be moved without the authorization of the coroner.) However, if the inmate is found hanging, s/he should be immediately cut down. (See Procedure 6.4, below.) If medical staff is on duty, they will be notified and the area secured. The medical staff will come to the scene, and the procedures outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," will be followed. If no medical staff is on duty, the persons discovering the body will secure the area. The procedures outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," will be followed, and the medical staff at the covering institution will be notified.

6.4 Response If An Inmate Is Found Hanging: Staff members arriving at the scene must cut the inmate down. When cutting an inmate down from a hanging, insure to protect the head by supporting the head, neck and back; and gently place the inmate on the floor face up to protect the airway and check for signs of life and initiate appropriate action as described above. The rope must be cut at some point away from the knot so that the knot remains intact. The noose should be loosened without interfering with the knot. (NOTE: It is a violation of state law for a body to be moved without the authorization of the coroner. This does not mean, however, that an inmate should be left hanging or that an employee will be prosecuted for trying to resuscitate an inmate.) The scene should be secured and the steps outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," must be followed.

6.5Staff Responsibilities:

First Officer On The Scene	Notify other staff members, i.e., call for help, etc., and  Commence CPR, and initial first aid, i.e., control bleeding, etc.
----------------------------	---

<p>Second Officer On The Scene</p>	<p>If medical staff is on duty:</p> <ul style="list-style-type: none"> <li>•notify medical staff and, if the injuries are immediately life threatening, have the Control Room Operator call EMS (911 or the local emergency number).</li> </ul> <p>If no medical staff is on duty and if:</p> <ul style="list-style-type: none"> <li>•the injuries are immediately life threatening, have the Control Room Operator call EMS (911 or the local emergency number); or</li> <li>•the injuries are not life threatening, call the medical staff who covers that institution after hours.</li> </ul> <p>Clear the area of other inmates;</p> <p>Arrange to move the living, injured inmate to Medical, if possible;</p> <p>Notify his/her immediate supervisor;</p> <p>Assist with first aid as necessary; and</p> <p>Maintain security and preserve the scene as much as possible.</p>
------------------------------------	---



Supervisor	<p>Ensure that facility medical staff/EMS/covering institution's medical staff have been notified and that instructions given are being followed;</p> <p>Supervise and assist with first aid and CPR;</p> <p>Ensure that staff cooperates with medical staff's entry of area and evacuation of the victim (when appropriate); (This includes arranging for an Officer to guide EMS personnel to the site and arranging for Officers to be alert in order to open gates quickly for EMS's arrival/transportation of inmate to medical/hospital.) and</p> <p>Notify the Emergency Action Center (EAC), as well as the Mental Health Supervisor, or the Mental Health On-Call Supervisor.</p>
Medical Staff	<p>Continue first aid/CPR and refer as appropriate; and</p> <p>Instruct security staff in what transport is needed to move the inmate to the appropriate medical facility.</p>

(NOTE: If death occurs, all appropriate notifications will be made in accordance with SCDC Policy/Procedure HS-18.04, "Inmate Death.")

## 7. ADMINISTRATIVE REVIEW:

7.1 The Warden will notify the ~~Director of Mental Health Services~~ Office of General Counsel within 24 hours of a suicide. The ~~Director of Mental Health Services~~ Chairperson of the Suicide Prevention Committee will initiate a meeting of the Committee within ~~fifteen (15)~~ thirty (30) days of the suicide. This time period may be extended for additional thirty-day periods at the discretion of the Committee Chairperson. The Chairperson shall record the reasons for any extensions in writing, and this will be attached to the final report. If necessary, the Chairperson may call additional meetings of the Committee.

7.2 The administrative review will be a learning experience and, as such, will be conducted in an open and honest manner with contributions encouraged from all staff in order to sharpen staff detection skills to prevent unnecessary loss of life due to suicide. All information gathered as a result of the administrative review will be confidential.

7.3 A full report will be ~~forwarded from~~ prepared by the ~~Director of Mental Health~~ to the Office of the General Counsel, ~~and from the Office of the General Counsel, it~~ and a copy will be sent to ~~will be returned to~~ the Deputy Director of Health Services, ~~and another copy will be sent to~~ the Deputy Director of Operations and

Deputy Director of Health Services, ~~and another copy will be sent to~~ the Deputy Director of Operations and the Agency Director. The original report will be kept with the Office of General Counsel and will be considered a confidential attorney-client privileged document.

8. DEFINITIONS: None

SIGNATURE ON FILE

—

s/ Jon Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE OFFICE OF POLICY DEVELOPMENT.